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PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

NEW UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under
37 CFR 1.53(b))

Attorney Docket Number 61624-04980

First Named Inventor Nemo Semret

Title Method and System for Market Based
Resource Allocation

Express Mail Label No. EL566199807US

APPLICATION ELEMENTS

1. ☒ Fee Transmittal Form (in duplicate)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27
3. ☒ Specification Total Pages 86
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference(s) to Related Case(s)
 - Statement Regarding Fed sponsored R & D
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawing(s)
 - Detailed Description
 - Claim or Claims
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. Total Sheets 38
113)
5. Oath or Declaration
 - a. ☒ New Declaration Total Pages 3
☐ Executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ Certified Copy of Priority Document(s) (if foreign priority
is claimed)
9. ☐ Fower of Attorney or Authorization of Agent
10. ☐ 37 CFR 3.73(b) Statement
11. ☐ Preliminary Amendment
12. ☐ Information Disclosure Statement & PTO-1449
☐ Copies of IDS Citation(s)
13. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent
14. ☒ Return Postcard
15. ☐
16. ☐
17. ☐

ADDRESS TO:

Box Patent Application
Commissioner for Patents
Washington, D.C. 20231

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: /

Prior application information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number and Bar Code
Label



00758

Name (Print/Type)	Laura A. Majerus	Registration No. (Attorney/Agent)	33,417
Signature	<i>Laura Majerus</i>	Date	May 21, 2001

0002/PTO(modified) Rev. 10/2000 <div style="text-align: center;">FEE TRANSMITTAL</div> <div style="text-align: center;">TOTAL AMOUNT OF PAYMENT</div> Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$ 710.00)	<div style="text-align: center;">Complete if Known</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>To Be Assigned</td></tr> <tr><td>Filing Date</td><td>Herewith</td></tr> <tr><td>First Named Inventor</td><td>Nemo Semret</td></tr> <tr><td>Group Art Unit</td><td>To Be Assigned</td></tr> <tr><td>Examiner Name</td><td>To Be Assigned</td></tr> <tr><td>Attorney Docket Number</td><td>61624-04980</td></tr> </table>	Application Number	To Be Assigned	Filing Date	Herewith	First Named Inventor	Nemo Semret	Group Art Unit	To Be Assigned	Examiner Name	To Be Assigned	Attorney Docket Number	61624-04980
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METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																										
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. † <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 Deposit Account Number: 19-2555 Deposit Account Name: FENWICK & WEST LLP A Duplicate Copy of this authorization is attached 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px;">FEE CALCULATION (fees effective 10/01/2000)</div> <div style="border: 1px solid black; padding: 2px;"> 1. 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SUBMITTED BY Typed or Printed Name Laura A. Majerus		Complete (if applicable) Reg. Number 33,417	
Signature		Date	May 12, 2001

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby